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10/31/2007 FNETEK12 00000052 10764392

01-FC-2501

720-00-0P

APPLICATION NO.	FILING DATE	FIRST-NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764,305				

TITLE OF INVENTION: PUMP CONTROL AND MANAGEMENT SYSTEM

Adjustment date: 10/31/2007 FNETEK12

10/26/2007 NNGUYEN2 00000031 10764392

91-50-1506

-700,00 00

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES					

EXAMINER	ART UNIT	CLASS SUBCLASS
DWIVEDI, VIKANSHA S	3746	417-036000

1 Change of correspondence address or indication of "Rec Address" (37)
CER 1 163)

2. For printing on the patent front page, list

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

(4) the names of up to 3 registered patent attorneys or agents OR, alternatively,

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02, or more recent) attached. Use of a Customer Number is required.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assigned data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.

☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.271(f)(2).

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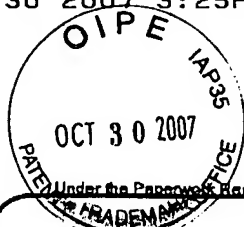
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San

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PTO/SB/21 (10-07)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/764,392
	Filing Date	01/23/2004
	First Named Inventor	Joseph Spadola JR.
	Art Unit	3746
	Examiner Name	Dwivedi, Vikashe S.
Total Number of Pages In This Submission	Attorney Docket Number	MAVEN-0007

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Copy of PTOL-85 part B form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Law Office of Michael A. Blake	
Signature		
Printed name	Michael A. Blake	
Date	10/30/2007	Reg. No. 42,333

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Typed or printed name	Michael A. Blake	Date 10/30/2007

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